

South Dakota Board of Nursing

South Dakota Department of Health
722 Main Street, Suite 3; Spearfish, SD 57783
(605) 642-1388; Fax: (605)642-1389; www.state.sd.us/doh/nursing

Nurse Aide Application for Re-Approval of Training Program

All Nurse Aide (NA) Training Programs in South Dakota must be approved by the South Dakota Board of Nursing pursuant to ARSD 44:04:18:15. Approval status is granted for a two-year period. Written approval or denial of approval will be issued within 90 days after receipt of the application. Send completed application and supporting documentation to:

South Dakota Board of Nursing 722 Main Street, Suite 3 Spearfish, SD 57783

| _ |
|------|
| - |
| |
| |
| |
| |
| |
| |
| |
| |
| nnel |
| |
| |
| |

1. List Personnel and Licensure Information:

Program Coordinator must be a registered nurse with 2 years nursing experience, at least one of which is in the provision of long-term care services. The Director of Nursing (DON) may serve simultaneously as the program coordinator but may not perform training while serving as DON. (ARSD 44:04:18:10)

| | RN LICENSE | | | |
|-----------------------------|------------|---------|-----------------|--------------------------------------|
| Name of Program Coordinator | State | Number | Expiration Date | Verification (Completed by SDBON) |
| Down Hing Kley | SD | R018584 | 8-26-15 | am/ |

<u>Primary Instructor</u> must be a licensed nurse (RN or LPN) with 2 years nursing experience, at least one of which is in the provision of long-term care services. The primary instructor is the actual teacher of course material. (ARSD 44:04:18:11)

| | RN OR LPN LICENSE | | | | | |
|----------------------------|-------------------|---------|-----------------|--------------------------------------|--|--|
| Name of Primary Instructor | State | Number | Expiration Date | Verification (Completed by SDBON) | | |
| Kayla Pitlick | SD | R039524 | 8-6-14 | Sim | | |

If requesting new Primary Instructor, attach curriculum vita, resume, or work history, and attach documentation supporting previous experience in teaching adults within the past five years or documentation of completing a course in the instruction of adults.

<u>Supplemental Personnel</u> may assist with instruction, they must have one year of experience in their respective field of practice, i.e. additional licensed nurses, social worker, physical therapist. (ARSD 44:04:18:12) *If requesting new Supplemental Personnel*, attach curriculum vita, resume, or work history.



South Dakota Board of Nursing

South Dakota Department of Health
722 Main Street, Suite 3; Spearfish, SD 57783
(605) 642-1388; Fax: (605)642-1389; www.state.sd.us/doh/nursing

| | LICENSURE/REGISTRATION | | | |
|--------------------------------------|------------------------|--------|--------------------|-----------------------------------------|
| Supplemental Personnel & Credentials | State | Number | Expiration Date | Verification (Completed by SDBON) |
| | | | | |
| | _ | + | | |
| | | | | |

2. <u>Complete Evaluation of the Curriculum:</u> Indicate compliance relative to each standard during the previous two years. Explain any "no" responses on a separate sheet of paper. (Pursuant to ARSD 44:04:18 07, the Department of Health may conduct an unannounced on-site visit to determine compliance with requirements.)

| Standard We Care Oaline used | Yes | No |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----|
| Program was no less than 75 hours. | X | |
| Provided minimum 16 hours of instruction prior to students having direct patient contact. | × | |
| Provided minimum 16 hours of supervised practical instruction; instructor ratio did not exceed 8 students for one instructor. | × | |
| Provided instruction on each content area (see ARSD 44:04:18:15): | 7 | |
| Basic nursing skills | X | |
| Personal care skills | × | |
| Mental health and social services | × | |
| Care of cognitively impaired clients | × | |
| Basic restorative nursing services | \times | |
| Residents' rights | \times | |
| • Students did not perform any patient services until after the primary instructor found the student to be competent | × | |
| Students only provided patient services under the supervision of a licensed nurse | × | |
| Your agency maintains a 75% pass rate of students on the competency evaluation (written and skills exam taken through the SD Healthcare Association). | × | |

| 3. | Submit Documentation to Support Requested Curriculum Changes: |
|---------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Name o | f Course (if applicable): We Care Sollies |
| nstruct | y of teaching methods may be utilized in achieving the classroom instruction such as independent study, video ion, and online instruction. omit reference list of teaching materials utilized (include name of book or resource, publisher, publication date, etc). |
| ☐ Bel | documentation that supports requirements listed in ARSD 44:04:18:15, including: naviorally stated objectives with measurable performance criteria for each unit of curriculum rriculum, objectives and agenda documenting the requirements for the minimum 75 hour course as follows: A minimum of 16 hours of instruction prior to student having direct patient contact; the 16 hours must include: Communication and interpersonal skills, infection control, safety/emergency procedures, promoting residents' independence, respecting residents' rights. |
| | A minimum of 16 hours of supervised practical instruction with enough instructors to ensure safe and effective care; the instructor ratio may not exceed eight students for one instructor. |
| | Instruction in each of the following content areas (see ARSD 44:04:18:15 for more detail): Basic nursing skills (including documentation) including: vital signs; height and weight; client environment needs; recognizing abnormal changes in body functioning and the importance of reporting such changes to a supervisor; and caring for dying clients; |
| | Personal care skills, including: bathing; grooming, including mouth care; dressing; toileting; assisting with eating and hydration; feeding techniques; skin care; and transfers, positioning, and turning; |



South Dakota Board of Nursing

South Dakota Department of Health
722 Main Street, Suite 3; Spearfish, SD 57783
(605) 642-1388; Fax: (605)642-1389; www.state.sd.us/doh/nursing

| Mental health and social services, including: responding appropriately to developmental tasks associated with aging process; respecting personal | | | | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|--|--|--|--|--|
| dignity, and recognizing sources of emotional support; Care of cognitively impaired clients, including: communication and tech needs and behaviors; | niques for addressing unique | | | | | |
| Basic restorative nursing services, including: self-care; use of assistive deating, and dressing; range of motion; turning and positioning in bed are and training; and care and use of prosthetic and orthotic devices; | levices in transferring; ambulation, nd chair; bowel and bladder care | | | | | |
| Residents' rights, including: privacy and confidentiality; self-determination disputes; participating in groups and activities; security of personal possenvironment free from abuse, mistreatment, and neglect and requirement | sessions; promoting an | | | | | |
| Program Coordinator Signature: Dawn Hinestey | Date: 4-7-14 | | | | | |
| This section to be completed by the South Dakota Board of Nursing | | | | | | |
| Date Application Received: Date Application Denied: | | | | | | |
| Date Approved: Expiration Date of Approval: Reason for Denial: | | | | | | |
| Board Representative: | | | | | | |
| Date Notice Sent to Institution: | | | | | | |